## HEART ATTACK PREVENTION PROGRAM

PLEASE READ AND SIGN CONSENT

CONSENT: I volunteer for the first screening examination of the Heart Attack Prevention Program. I understand that this set of my blood cholesterol and other substances related to heart attacks. There will also be some questions concerning my health and smoking habits. There are no known significant complications from these procedures.

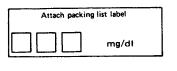
I understand that the screening procedure is to estimate my degree of risk for heart attacks, and that the results will be reported to me and my physician (If I so indicate). The information which is obtained will be treated as a confidential medical record and will be seen only by myself, members of the Heart Attack Prevention Program staff and my doctor, if I so indicate. The information obtained may be used by the Heart Attack Prevention Program for scientific purposes only. I have read the orientation material and the foregoing statement, understand them, and any questions which have occurred to me have been answered to my satisfaction. I understand that I may ask additional questions at any time, and that I am free to discontinue my participation in the Program at any time. SIGNATURE OF PARTICIPANT DATE SIGNED The above participant has been given the opportunity to have his questions about these screening procedures answered. SIGNATURE OF AUDITOR/WITNESS MONTH CONVERSION TABLE 1. PARTICIPANT'S NAME AND ADDRESS 01 - JANUARY FIRST NAME MIDDLE NAME LAST NAME 02 - FEBRUARY 03 - MARCH 04 - APRIL 05 - MAY HOUSE AND STREET ADDRESS APARTMENT NO. 06 - JUNE IDENTIFICATION LABEL 07 - JULY 08 - AUGUST CITY OR TOWN STATE ZIP CODE 09 - SEPTEMBER 10 - OCTOBER DAYS1S 11 - NOVEMBER 12 - DECEMBER HOME PHONE AGE1S AREA CODE NUMBER ☐forward ☐do not forward 3. DA EXAMINATION test results to my physician. NAME AND ADDRESS OF YOUR PHYSICIAN LAST NAME Jan 22, 1974 = 0 1 - 2 2 - 7 4 SOCIAL SECURITY NUMBER STREET/CLINIC ADDRESS DATE OF BIRTH STATE ZIP CODE enter date of birth as follows: June 8, 1950 = 0 6-0 8-5 0 REFGRP1S 6. WHICH OF THE FOLLOWING BEST DESCRIBES THE GROUP TO WHICH YOU BELONG. 7. DO YOU DEFINITELY PLAN TO CHANGE YOUR PERMANENT RESIDENCE MORE THAN 50 No/Uncertain MILES AWAY FROM THIS AREA DURING THE NEXT YEAR? 8. ARE YOU PRESENTLY TAKING MEDICINE PRESCRIBED BY A DOCTOR FOR DIABETES? HAVE YOU EVER BEEN HOSPITALIZED FOR A HEART ATTACK FOR TWO WEEKS OR MORE? CIGS1S 10 ON THE AVERAGE, HOW MANY CIGARETTES DO YOU NOW SMOKE A DAY? NUMBER OF CIGARETTES PER DAY Enter number of cigarettes not packs (20 cigarettes = 1 pack). ENTER 00 IF YOU DO NOT NOW SMOKE CIGARETTES.

11. THESE ITEMS (11, 12, and 13) FOR USE BY CLINIC PERSONNEL ONLY

DIASTOLIC (Phase V) (mmHg) READING SYSTOLIC (mmHg) mm Hg mm Hg 1st BLOOD PRESSURE: Readings to be taken at -minute intervals with participant seated. mm Hg mm Hg 2nd Leading zeroes must be entered in appropriate box. For example, a pressure of 82 mm Hg must be entered as 082, not 82. 3rd mm Ha BLOOD PRESSURE OBSERVER'S CODE

STDDBP1S STDSBP1S

12. SERUM CHOLESTEROL



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